		_	
Please type a plus sign (+) inside this box	\rightarrow	I + I	

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

PTO/SB/01 (10-00)
Approved for use through 10/31/2002 OMB 0651-0032
Patent and Trademark Office U.S. DEPARTMENT OF COMMERCE

DECLARATION FOR UTILITY OR DESIGN		Attorney Docket Number	PU3948US2
		First Named Inventor	Allen David Roses
		COMPLETE IF KNOWN	
PATENT APPLICATION (37 CFR 1.63)	Application Number	/	
	Filing Date		
Declaration Submitted	OR Declaration Submitted after	Group Art Unit	
with Initial Filing	Initial Filing (surcharge (37 CFR 1.16(e))	Examiner Name	

names are listed below) o	f the subject matter which is	claimed and for which a pate	ent is sought on	the invention entitled:	
PHARMACOGENET	SIS OF NON-RESPONDI IC STUDIES	ING POPULATIONS IN	THE DESIGN	OF	
the specification of whi	ch (Til	tle of the Invention)			
is attached hereto	•••	,			
OR was filed on (MM/E					
was filed on (IVIIVI/L	DD/11110	as Unite	ed States Applic	ation Number or PCT International	
Application Number	and v	was amended on (MM/DD/Y	YYY)	(if applicable).	
I hereby state that I have re amended by any amendme	eviewed and understand the c ent specifically referred to abo	contents of the above identif	ied specification	, including the claims, as	
	to disclose information whi tions, material information w al filing date of the continuation		bility as defined ween the filing d	d in 37 CFR 156, including for ate of the prior application and the	
I hereby claim foreign priority benefits under 35 U.S.C. 1168/40 or 355(b) of any foreign application(e) for patent or inventors centrificate, or 356(a) of any PCT interational application which designated at least one courtry other than the United States of America, leaded below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT interactions application having a filling date before that of the application or which profit is claimed.					
Prior Foreign		Foreign Filing Date	Priority	Certified Copy Attached? YES NO	
			무	모모	
			Ä		
Additional foreign applic	ation numbers are listed on a	supplemental priority data:	sheet PTO/SB/0	2B attached hereto.	
I hereby claim the benefit u	nder 35 U.S.C. 119(e) of any	United States provisional a			
Application Number	(s) Filing Date	(MM/DD/YYYY)			
60/194,789	Apr	il 5, 2000	Additional provisional application numbers are listed on a		
			supplemental priority data sheet PTO/SB/02B attached hereto.		
·					

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) this box

List patent an expension of the paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

			11111111111					
Direct all correspondence to:	Customer Nu or Bar Code	ımber Label	2	334	<u> </u> 7	OR 🔲 (Correspondence address b	elow
Name			PATENT 1	TRADEMAI	RK OFFIC	Е		
Address								
Address								
City				State			ZIP	
Country	Country Telephone						Fax	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.								
NAME OF SOLE OR FIRST INV	ENTOR:			A petit	tion ha	s been file	ed for this unsigned in	ventor
Given Name (first and middle [if any]) Allen David				Family or Suri	Name name	Roses		
Inventor's Signature							Date	
Residence: City Durham State NC		Country US		ry US	Citizenship US			
Mailing Address c/o GlaxoSmithKline., Five Moore Drive								
Mailing Address PO Box 13398								
City Research Triangle Park	State NC		ZIP 27312			Country US		
NAME OF SECOND INVENTOR:				A petit	tion ha	as been fil	ed for this unsigned in	ventor
Given Name (first and middle [if any])			Family Name or Surname					
Inventor's Signature							Date	
Residence: City State		Country		ntry	Citizenship			
Mailing Address								
Mailing Address								
City	State		ZIP			Country		
Additional inventors are being named onsupplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.								